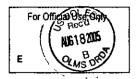
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9894	2 Fiscal Year Covered From			
,	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name CHICO HUMES	Name GRAPHIC COMMUNICATION INT'L UNION LOCAL 6-505M			
	Labor Organization File Number 064-088			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 105 PROGRESS PARKWAY	Street 105 PROGRESS PARKWAY			
City MARYLAND HEIGHTS * '	City MARYLAND HEIGHTS			
State Missouri ZIP Code +4 63043	State Missouri ZIP Code + 4 63043 -			
5 Position in labor organization VICE-PRESIDENT (B)	* * * * * * * * * * * * * * * * * * * *			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
I monetary value from an employer whose employees your organizati	ion represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
6 Name and address of Employer (including trade name, if any) Name				
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any	7 a Nature of Interest, Transaction, or Income			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any	7 a Nature of Interest, Transaction, or Income			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street	7 a Nature of Interest, Transaction, or Income 7 b Amount.			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount.			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4 Sign 15 Signature and verification The undersigned declares, under penalty of	7 a Nature of Interest, Transaction, or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the			
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4 Signature and verification The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	7 a Nature of Interest, Transaction, or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing CHICO HUMES	File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any)	9 Business deals with				
Name - i-					
Trade Name, if any	a Labor Organization b Trust				
PO Box, Bldg , Room No , if any	c Employer				
Street	C Employer				
City					
State ZIP Code + 4 Zip Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name					
Trade Name, if any	The second secon				
P O Box, Bldg , Room No , if any					
Street	11 b Approximate dollar value of such dealing				
City E	12 a Nature of interest held or income received				
State ZIP Code + 4 p					
	12 b Amount				
C Received from any employer (other than an employer covered under	or parts A and B above)				
or from any labor relations consultant to an employer any payment of money	or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment. 2*NIGHTS IN HOTEL, 1 DIÑNER AND AIRFAIR FÔR WORK				
Name FARRAGUT LAW FIRM	IN MISSISSIPPI ON CLASS ACTION LAWSUIT				
Trade Name, if any					
P O Box Bldg , Room No , if any					
Street P.O. BOX 1543					
City PASCAGOULA	The state of the s				
State Mississippi ZIP Code + 4 39567 1 + 4					
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment				

Name of Person Filing CHICO	HUMES	File Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.				
Name FARRAGUT LAW FIRM, 12-14.	IN WASHINGTON D.C.	2 DINNERS AND AIRFARE FOR WORK ON CLASS ACTION LAWSUIT			
Trade Name, if any		97 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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City PASCAGOULA -	1	, o , o , o , o , o , o , o , o , o , o			
State Mississippi ZIP Code + 4 39567	3 33	+ (
13 b Is the Business an Employer , or Consultant 2 ?	14 b Amount of payment.	\$860			
C Received from any employer (other than an employer covered under parts A	and Riabova) or from any labov	relations consultant to an employer any			
payment of money or other thing of value	and b above, or nom any labor	Telaboris consolidate to all employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	N			
Name		~ , * * * * * * * * * * * * * * * * * *			
Trade Name, if any	The stands of th	1			
P O Box, Bldg , Room No , if any					
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City · · · · · · · · ·					
State ZIP Code + 4	S. J. H. W.				
13 b is the Business an Employer or Consultant - ?	14 b Amount of payment.	+ , ,			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor	r relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment				
Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Trade Name, if any	era (Sag)	· · · · · · · · · · · · · · · · · · ·			
P O Box, Bldg , Room No , if any	**************************************	7			
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City (, , , , , , , , , , , , , , , , , ,	ye of the state of	d many and a many and			
State ZIP Code + 4 Z		9 9 9 7 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
13 b is the Business an Employer 🔠 or Consultant 。 ?	14 b Amount of payment.	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			